

PERFORMANCE REQUIREMENTS SUMMARY

PERFORMANCE REQUIREMENTS		REFERENCE
1	Staff sends required GAIN documents to the GAIN Services Worker (GSW) within the specified timeframes indicated on the GAIN documentation	Exhibit B, Section 2.7.1
2	Agency provides assessment/treatment services within 2 days of DPSS referral for Level 1 referrals; within 5 - 10 days for Level 2 referrals; and within 10 – 15 days for Level 3 referrals	Exhibit B, Section 2.7.1.1
3	Agency staff terminates clients from the CalWORKs mental health supportive services program when the client has failed to attend treatment for 30 days and has failed to respond to the agency's outreach efforts, and notifies the GSW of termination	Exhibit B, Section 2.7.1.4
4	Agency has bilingual staff available to meet the cultural and linguistic needs of CalWORKs participants within their community	Exhibit B, Section 3.1.2
5	Licensed and/or waived clinical staff, and post-master's interns provide clinical mental health services	Exhibit B, Section 3.2
6	CalWORKs staff receive CalWORKs training and updates by attendance at CalWORKs-specific training sessions, CalWORKs Quarterly Provider and Service Area meetings	Exhibit B, Section 3.2.4
7	The agency bills for CalWORKs mental health services within 30 days of service date	Exhibit B, Section 5.2
8	Agency provides services between the hours of 8:00 AM and 5:00 PM, Monday through Friday, and non-traditional hours as needed	Exhibit B, Section 5.3
9	The agency has a CalWORKs-specific Quality Control protocol/procedure in place.	Exhibit B, Section 7.2
10	The agency has procedures in place to receive, investigate and respond to a CalWORKs participant's complaint	Exhibit B, Section 7.2.8
11	Agency complies with confidentiality provisions	Exhibit B, Section 13.0

**CalWORKs MENTAL HEALTH SERVICES
PERFORMANCE REQUIREMENT SUMMARY CHART**

Reference	Performance Indicator	Standard	Acceptable Quality Level	Monitoring Methods	Monthly Unsatisfactory Performance Indicator Points for Exceeding the AQL
<u>Exhibit B, Section 5.3</u> Provide timely services.	Provide the required services between the hours of 8:00 a.m. and 5:00 p.m., Monday through Friday, with the exception of co-located staff. Allow services to be provided outside of this timeframe (e.g., evenings and/or Saturdays) in order to provide more effective services.	DMH shall ensure providers are available during required hours of operation and non traditional working hours.	10%	Site visits and staff timesheets.	5 points per each occurrence of a requirement not met.
<u>Exhibit B, Section 2.7.1.1</u> Select sufficient clinical assessment/treatment provider sites/staff.	Wait time for participants for clinical assessment.	DMH ensures that a Priority Level One participant waits no more than two (2) workdays for an immediate needs assessment for treatment services. A Priority Level Two participant waits no more than five (5) to ten (10) workdays and a Priority Level Three participant waits no more than ten (10) to fifteen (15) days from the DPSS referral date for clinical assessment appointments. However, for priority Levels 2 & 3, MH providers shall be available to schedule appointments outside of the time frame, but within the 30-day window.	10%	Review of the GEARS SSS Monthly Report	5 points per each occurrence of a requirement not met.
<u>Exhibit B, Section 3.1.2</u> Provide services in threshold languages.	Services provided in threshold languages using bilingual staff or through the use of an interpreter provided by DMH or the use of the language line.	DMH shall ensure that contracted service providers provide services to non-English and limited English proficient participants through the use of an interpreter or through the use of the language line in threshold languages. File of primary language and/or threshold language service documented in permanent folder.	10%	Periodic review of records.	5 points per each occurrence of a requirement not met.

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Reference	Performance Indicator	Standard	Acceptable Quality Level	Monitoring Methods	Monthly Unsatisfactory Performance Indicator Points for Exceeding the AQL
<u>Exhibit B, Section 2.7.1</u> Participant is CalWORKs-Welfare-to-Work (WtW) and has a PA 1923 and/or GN6006B.	CalWORKs participants are encouraged to comply with WtW regulations or are negotiating his/her WtW plan to include mental health services or have been referred under "Services for Timed-Off" participants.	DMH ensures that CalWORKs contracted or directly-operated service providers submit to DPSS a completed GN6006B-and/or PA1923. Maintain copies of forms in permanent folder.	10%	Periodic review of records.	5 points per each occurrence of a requirement not met.
<u>Exhibit B, Section 2.7.1</u> Report of Progress	Communicate status of participant's progress/treatment or services as follows: GN 6006A, CalWORKs Clinical Assessment Results – within five (5) workdays of assessment completion GN 6006B, CalWORKs Service Results - within five (5) workdays of service enrollment GN 6008, Service Provider Progress Report - every ninety (90) days GN 6007A, Notification of Change from Service Provider - within five (5) workdays of the date of the change GN 6007B, Enrollment Termination Notice - within three (3) workdays of termination.	DMH shall ensure that contracted staff communicates to DPSS the status of the participant's progress, treatment or services with required forms within appropriate timeframe. File copies of forms in permanent file.	10%	Periodic review of records.	5 points per each occurrence of a requirement not met.

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Reference	Performance Indicator	Standard	Acceptable Quality Level	Monitoring Methods	Monthly Unsatisfactory Performance Indicator Points for Exceeding the AQL
<u>Exhibit B, Section 4.0</u> Customer Satisfaction	Conduct a survey of customer satisfaction based on a random sample of 300-400 participants receiving services.	Of those 300-400 participants surveyed, 75% must reflect effective services,	25%	Periodic review of records.	5 points per each occurrence of a requirement not met.
<u>Exhibit B, Section 3.2.6</u> Civil Rights	DMH ensure notices sent to participants are in their respective primary language and copies are filed in the case record. Copies of PA 607 and signed "Contractor's EEO Certification and Contractor's Nondiscrimination of Services Statement".	DMH shall ensure that DMH directly-operated or contracted service providers abide by all provisions contained in the Civil Rights Training Handbook.	10%	Periodic review of records.	5 points per each occurrence of a requirement not met.
<u>Exhibit B, Section 5.2</u> Submit on a monthly basis the Monthly Activity Report (MAR) and the Intra Fund Transfer Initiator (IFTI).	DMH will prepare and submit the MAR and the IFTI within sixty (60) days from the last day of the month in which services were provided.	DMH will prepare and submit the MAR and the IFTI within sixty (60) days from the last day of the month in which services were provided.	10%	Periodic review of records.	5 points per each occurrence of a requirement not met.
<u>Exhibit B, Section 3.2.5</u> Submit on a monthly basis the Monthly Management Report (MMR).	Monitor contractors in accordance with the Master Audit Plan (MAP)	DMH shall monitor contracted staff in accordance with the MAP requirements and submit the results on a monthly basis via the MMR.	10%	Periodic review of records.	5 points per each occurrence of a requirement not met.

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Reference	Performance Indicator	Standard	Acceptable Quality Level	Monitoring Methods	Monthly Unsatisfactory Performance Indicator Points for Exceeding the AQL
<u>Exhibit B, Section 3.2.5</u> Monitor mental health services on a quarterly basis.	Acceptable mental health services are provided and that these services promote participant's ability to engage in or obtain work and move towards long-term self-sufficiency.	DMH shall monitor contracted staff and confirm monitoring in the Monthly Management Report that requirements have been met.	10%	Periodic review of records.	5 points per each occurrence of a requirement not met.